



MONMOUTHSHIRE EDUCATION COMMITTEE.

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE
YEAR 1957.

GWYN ROCYN JONES,

M.A., M.D., B.Chir., D.P.H.,

Principal School Medical Officer.

COUNTY HALL,
NEWPORT, MON.
DECEMBER, 1958

THE STAFF OF THE MONMOUTHSHIRE COUNTY COUNCIL SCHOOL HEALTH DEPARTMENT.

PRINCIPAL SCHOOL MEDICAL OFFICER—G. Rocyn Jones, M.A., M.D., B.Chir., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—William Panes, M.R.C.S., L.R.C.P., D.P.H.

CONSULTANT MEDICAL STAFF.

J. T. Rice Edwards, F.R.C.S., L.R.C.P. (Surgical).

D. B. Sutton, F.R.C.S., L.R.C.P. (Ear, Nose & Throat).

G. W. Hoare, M.A., M.B., F.R.C.S. L.R.C.P.

R. Vaughan-Jones, M.B., Ch.B., D.O.M.S., F.R.C.S.

(Ophthalmic).

(Ophthalmic).

D. N. Rocyn Jones, M.A., M.D., F.R.C.S. (Orthopaedic).

Professor A. G. Watkins, M.D., M.R.C.S., F.R.C.P.

(Heart and Rheumatic).

DISTRICT AND AREA MEDICAL OFFICERS OF HEALTH AND AREA SCHOOL MEDICAL OFFICERS.

Rhymney U.D.C. ...	Area No. 1	M. J. Donelan, M.B., B.Ch., D.P.H.
Tredegarn U.D.C. ...	Area No. 2	R. A. Hoey, M.R.C.S., L.R.C.P., D.P.H.
Bedwellty U.D.C. ...	Area No. 3	H. V. M. Jones, M.B., B.S., D.P.H.
Abercarn U.D.C. ...	Area No. 4	Thomas Stephens, M.C., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Mynyddislwyn U.D.C. ...	Area No. 5	J. Walters Bowen, M.B., B.Ch., D.P.H.
Ebbw Vale U.D.C. ...	Area No. 6	K. P. Giles, M.B., Ch.B., D.P.H.
Nantyglo & Blaina U.D.C. ...	Area No. 7	F. J. Hallinan, M.B.E., M.B., B.Ch., B.A.O., D.P.H.
Abertillery U.D.C. ...	Area No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Magor & St. Mellons R.D.C. ...	Area No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Bedwas & Machen U.D.C. ...	Area No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.
Risca U.D.C. ...		
Pontypool U.D.C. ...		
Blaenavon U.D.C. ...		
Cwmbran U.D.C. ...		
Caerleon U.D.C. ...		
Chepstow U.D.C. ...		
Chepstow R.D.C. ...		
Monmouth U.D.C. ...		
Monmouth R.D.C. ...		
Abergavenny U.D.C. ...		
Abergavenny R.D.C. ...		
Usk U.D.C., Pontypool R.D.C. ...		

SENIOR MEDICAL OFFICERS.

L. Anne Wilson, M.D., Ch.B., B.Sc., D.P.H., D.C.H.
(Maternity and Child Welfare).

Mary Wells Jenkins, B.Sc., M.B., B.Ch., D.P.H.

MENTAL HEALTH OFFICER—Mary E. Cochrane-Dyet, M.B., B.Ch.

SCHOOL MEDICAL OFFICERS.

Mary Rose MacQuillan, L.R.C.P., L.R.C.S.,
L.R.F.P.S., D.P.H.

William L. P. Gould, T.D., L.M.S.S.A. (Lond.).
(Commenced 1-10-57) (Temporary).

A Joan Lewis, M.R.C.S., L.R.C.P.

Hywel G. Jenkins, M.B., B.S. (Lond.), D.P.H.

Anna Gregory, M.R.C.S., L.R.C.P.

Cicely Waters, M.D., B.Sc., D.P.H., R.C.P.S.

Margaret C. Jenkins, M.R.C.S., L.R.C.P.

Lilian J. Powell (nee Cunningham), M.B., B.Ch., B.Sc.

Mary Stewart, B.Sc., M.B., B.Ch.

Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Mary Ll. Williams, M.B., B.Ch.

John L. Phillips, M.B., B.Ch., B.Sc., D.O.M.S.

Glenys G. Trenhaile, L.M.S.S.A.

(Resigned 30-4-57).

Nano Joyce Sumption, M.B., B.Ch., B.Sc.

Elfreda Alice Davies, M.B., B.Ch.

Esther Hughes Rees, M.B., B.Ch. (Commenced 2-9-57).

PRINCIPAL DENTAL OFFICER—E. F. J. Sumner, L.D.S., R.C.S.

SCHOOL DENTAL OFFICERS.

J. C. Morley, L.D.S.

D. J. Coughlin.

Greta McHarg, L.D.S.

R. V. Clarke, L.R.C.P. & S., L.D.S. (Ed.).

W. S. Hazell, L.D.S., R.C.S. (Part-time).

Maureen F. E. Vaughan-Jones, L.D.S.

SUPERVISOR OF HEALTH VISITORS & SCHOOL NURSES (Co-ordinated Service).

Miss E. Morgan, S.R.N., S.C.M., H.V.

SPEECH THERAPISTS.

Miss G. M. Oldbury, L.C.S.T., (R.M.A.).

Miss K. B. Powell, L.C.S.T. (R.M.A.).

(Resigned 28-2-57).

Miss Patricia Powell, L.C.S.T. (R.M.A.). (Commenced 2-9-57).

Mrs. U. E. Billingham (nee Jones), L.C.S.T. (R.M.A.).

Miss Barbara Evans, L.C.S.T. (R.M.A.). (Resigned 15-6-57).

(Part-time until 28-2-57.). (Full-time from 1-3-57).

ORTHOPTISTS.

Mrs. H. M. Gregory, D.B.O. (Part-time).

Miss Margaret Ericson, D.B.O. (Commenced 7-2-57).

(Resigned 12-6-57).

LADY HEALTH VISITORS AND SCHOOL NURSES (Co-ordinated Service).

Baldwin, M.	Fraser, E.	Hopkins, F.	Lewis, M.	Rogers, G. M.	Wilcox, D. G.
Bevan, J. I.	Giles, H.	Jackson, J. P.	Lewis, R.	Rowlands, L. M.	Williams, F.
Cooper, M. S.	menced 1-7-57	James, E. N.	Lloyd, C. M.	Silk, J.	Williams, N.
Davies, M. J.	Giles, M. R.	Jones, A.	(Retired 13-12-57)	Simms, C. D.	Wilmot, E. G.
Delahay, M. (Com-	Gilford, M.	Jones, E. (Com-	Meyrick, J.	Smith, H. M.	Wixey, N. A.
menced 1-7-57)	Golding, G. I.	menced 1-11-57)	Morgan, C.	Stevens, S. L.	Holland, J. (Clinic
Dredge, M. W.	Harris, E. M.	Jones, I.	Prosser, I.	Stinchcombe, N. G.	Nurse only). (Com-
Edwards, E. M.	(Retired 13-6-57)	Jones, B.	Pulsford, M.	Tristram, L.	menced 22-7-57.
(Com'd 1-7-57)	Hockaday, S. (Com-	Kavanagh, P. G.	Redwood, M. A.	Walters, M.	
Edwards, M.	menced 1-7-57)	King, P. M. R.	Roberts, E.	Webb, E.	
Elias, M.	Harvey, B.	(Resigned 30-4-57)	(Retired 6-10-57)	Wibberley, N. E.	

ORTHOPAEDIC SISTER—Pugh, Miss M. M.

ORAL HYGIENIST—Mrs. P. Schofield.

DENTAL ATTENDANTS.

Miss O. Joan Annetts, B.E.M.
Mrs. Carol Huggett, S.R.N.

Miss Betty Wynn.
Mrs. O. Church.
Mrs. R. Fiveash.

Mrs. S. M. Morgan.
Mrs. Olwen P. Brodie.

MONMOUTHSHIRE EDUCATION COMMITTEE.

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1957.

TO THE CHAIRMAN AND MEMBERS OF
THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the work of the School Health Service for the year ended 31st December, 1957.

This report is normally prepared during the early part of the year subsequent to the year under review, but unusual delay has occurred with this report owing to the heavy load of extra work placed upon my School Health Department by the necessity for using the large stocks of Poliomyelitis Vaccine which became available during 1958. The administration of the whole of the Poliomyelitis Vaccination Scheme was undertaken by this Department.

As in previous years the Report deals chiefly with the general scheme of medical inspection and medical treatment of the school children in the County, and the statistical tables have been prepared in accordance with those set out by the Ministry of Education.

The average daily attendance at schools for the whole year 1957, including day nursery schools was 57,357.

Staff.

Of the 30 Medical Officers on the Staff on 31st December, 1957, 29 were engaged in the joint work of the School Health Service and Maternity and Child Welfare. The other Medical Officer was in charge of Mental Health, but undertook responsibility for the conduct of the Child Guidance Clinic.

During the whole year the services of 6 Consultants were available, and details of the Clinics held are mentioned later.

The School Nursing and Health Visiting Services of the Council are co-ordinated and on 31st December, 1957, there were 48 School-Nurse Health Visitors on the Staff. The actual time devoted to School Nursing was equivalent to that of 15 full-time nurses.

The School Dental Staff comprised the Principal School Dental Officer and 6 Dental Officers, one of whom was part time. There was also 1 Oral Hygienist and 7 Dental Attendants.

The Speech Therapy Clinics were staffed by 4 officers, one of whom was part-time until 1-3-57, when she also became full-time.

For most of the year, the Orthoptic Clinic was staffed by a full-time orthoptist, as mentioned under "Orthoptic Treatment."

SCHEME FOR MEDICAL INSPECTION.

This has been carried out in conformity with the requirements of the Ministry of Education, a full medical examination of each child being arranged at each of three periods of school life. Infants are examined during their first year of school life and where this occurs before the child reaches the compulsory school age of five years, the examination is repeated the following year. Children at Nursery

Schools are medically examined at intervals of four months, and are constantly under supervision of health visitors.

During the last year at a primary school, children receive another full medical examination before proceeding to a secondary school. A further examination is carried out during the last year of compulsory school life. In the case of these leavers the examinations are arranged early in the school year so that any medical recommendations made may be dealt with before the pupil leaves school. Any pupils who continue to attend school after the age of fifteen years are medically examined each year afterwards.

In cases where defects are reported at medical inspection, action is taken to obtain further examination and treatment by reference to Consultants at our School Clinics or at Hospitals.

Inspection.

MEDICAL INSPECTIONS.—The numbers of children examined in the Primary and Secondary Schools were:—

<i>Monmouthshire</i> (excluding <i>Abertillery and</i> <i>Ebbw Vale</i> <i>Div. Executive)</i>				<i>Abertillery</i>	<i>Ebbw Vale</i>	<i>Total</i>
Periodic Inspections	11,393			1,458	1,543	14,394
Re-examinations and Specials ...	5,003			419	819	6,241

DENTAL INSPECTIONS.—The numbers of school children examined by the School Dentists were:—

<i>Monmouthshire</i> (excluding <i>Ebbw Vale</i> , including <i>Abertillery</i>)	<i>Ebbw Vale</i>	<i>Total</i>
38,283	3,178	41,461

CLEANLINESS.—The usual survey of school children was carried out by the Health Visitors:—

<i>Monmouthshire</i> (excluding <i>Ebbw Vale</i> , including <i>Abertillery</i>)				<i>Ebbw Vale</i>	<i>Total</i>
Examinations made were	80,434			8,436	88,870
Number of individual pupils found unclean	3,185			134	3,319

During 1957, 1,475 children in the Ebbw Vale Area, and 1,012 children in the Abertillery Area were examined for physical fitness to receive swimming instruction.

Treatment.

The following Specialist Services were available during the year for treatment at School Clinics of children referred by School Medical Officers during their routine work:—

<i>Clinic.</i>	<i>Specialist.</i>	<i>No. of Sessions held.</i>
Rheumatic and Heart ...	Professor A. G. Watkins, M.D., M.R.C.S., F.R.C.P. ...	One per month.
Ear Nose and Throat ...	D. B. Sutton, F.R.C.S., M.R.C.S., L.R.C.P. ...	Two per month.
Surgical ...	J. T. Rice Edwards, F.R.C.S., M.R.C.S., L.R.C.P. ...	One per month.
Orthopaedic ...	D. N. Rocyn Jones, M.A., M.D., F.R.C.S. ...	One per week.*
Ophthalmic ...	G. W. Hoare, M.A., M.B., F.R.C.S., L.R.C.P. ...	One per week.*
	R. Vaughan Jones, M.B., CH.B., D.O.M.S., F.R.C.S. ...	One per week.*

*In addition to the above routine clinics, Mr. Nathan Rocyn Jones held certain additional sessions bringing his total number of sessions for the year up to 106.

Mr. G. W. Hoare and Mr. R. Vaughan Jones also held a number of additional clinics.

The above Specialists held their clinics at the Central Clinic, Stanley Road, Newport, with the exception of Mr. D. N. Rocyn Jones, who visited various County Clinics as the demand arose.

Children requiring plastic surgery for defects such as hare-lip, cleft-palate, severe scarring, etc., were referred to Mr. Emlyn Lewis, F.R.C.S., who held out-patients clinics at St. Lawrence Plastic Surgery Hospital, Chepstow, and also at the Royal Gwent Hospital, Newport. The operations were carried out at the St. Lawrence Hospital.

School Clinics.

Details of School Clinics as at the end of 1957 and their situation and types of cases treated or examined are as follows:—

<i>Situation.</i>	<i>Average No. of Weekly Sessions.</i>	<i>Nature of School Clinics held.</i>
Central School Clinic, Stanley Road, Newport.	2.5	Ophthalmic, treatment and consultation.
	0.25	General Surgical, consultation.
	4.0	Ear, Nose and Throat, consultation and treatment.
	0.2	Orthopaedic, treatment and consultation.
	0.25	Heart and Rheumatic, consultation.
	10.0	Orthoptic, treatment.
	6.0	Speech Therapy, treatment.
	10.0	Dental (including Orthodontic).
	10.0	Physiotherapy, treatment.
	1.0	Miscellaneous medical examinations.
	3.0	Defective vision, refractions.
	0.5	Child Guidance.
Ashgrove House, George Street, Pontypool.	9.0	Dental (including Orthodontic).
	2.0	Defective vision, refractions.
	4.0	Speech Therapy.
	0.2	Orthopaedic.
Beaumont House, Bloomfield Road, Blackwood.	10.0	Dental (including Orthodontic).
	2.0	Defective vision, refractions.
	0.2	Orthopaedic.
	2.0	Speech Therapy.
School Clinic, 59, Commercial Street, Abertillery	7.0	Dental
	2.0	Defective vision, refractions.
	0.2	Orthopaedic.
	4.0	Speech Therapy.
	2.0	Minor Ailments.
School Clinic, Armoury Hill, Ebbw Vale.	4.0	Dental.
	2.0	Defective vision, refractions.
	0.2	Orthopaedic.
	2.0	Minor Ailments.
	4.0	Speech Therapy.

<i>Situation.</i>	<i>Average No. of Weekly Sessions.</i>	<i>Nature of School Clinics held.</i>
School Clinic,	2.0	Dental.
Church Street,	2.0	Defective vision, refractions.
Tredegar.	2.0	Speech Therapy.
School Clinic,	1.5	Dental.
Boverton House,	0.2	Orthopaedic.
Chepstow.	0.5	Mobile Clinic visits for defective vision refractions.
	2.0	Speech Therapy.
School Clinic,	1.0	Dental.
Old Barclay's Bank Buildings,		
Rhymney.		
School Clinic,	4.0	Dental.
Health Centre,		
Blaenavon.		
School Clinic,	3.0	Dental.
Park Place,	0.25	Defective vision, refractions.
Risca.		
Workmen's Hall,		
Llanhilleth.	1.0	Minor Ailments.
Leven House,	2.0	Speech Therapy.
Abergavenny.	2.0	Mobile Clinic visits for Dental Treatment.
	0.25	Mobile Clinic visits for defective vision refractions.
School Clinic,	0.25	Mobile Clinic visits for Dental Treatment.
Ty Brith,	0.25	Mobile Clinic visits for Defective vision refractions.
Usk.	2.0	Speech Therapy.
School Clinic,	4.0	Dental.
Ashfield Road,	2.0	Speech Therapy.
Newbridge.	0.2	Orthopaedic.
The Clinic,		
Ty Brith,		
20, Oak Street,		
Cwmbran	2.0	Speech Therapy.
The Ambulance Hall,	2.0	Speech Therapy.
Monmotuh.	2.0	Dental.
	0.25	Defective Vision, refractions.
The Clinic,	1.0	Child Guidance.
Market Street,		
Tredegar.		

MOBILE SCHOOL CLINIC.

A modern travelling School Clinic was used entirely for Dental Treatment in country areas.

A similar vehicle, equipped for refractions, was used in similar areas for treatment of defective vision.

Except in the cases of the School Clinics at Ebbw Vale, Church Street, Tredegar, and the Mobile Dental Clinic, all the premises were also used for the work of Maternity and Child Welfare.

All school children attended the Clinics by appointment. In the case of certain emergency dental treatment, however, every effort was made for the treatment to be given with as little delay as possible.

Speech Therapy.

Speech Therapy Clinics were held during 1957 at 14 Centres, these being spread throughout the County at places most convenient for the patients. At the beginning of the year there were three full-time Speech Therapists and one part-time. At the end of February, 1957, one of the full-time officers resigned, and the one part-time therapist was employed full-time. A further resignation was received on June 15th, 1957, and a replacement was obtained on September 2nd, 1957, so that the year ended with a staff of three full-time Speech Therapists.

The number of sessions arranged at the various centres varied according to the demand and lengths of the respective waiting lists. At the end of 1957 the numbers of sessions given to Speech Therapy at the different Clinics were as follows:—

Abertillery	...	...	...	...	4	half-day sessions per week (average).				
Blackwood	...	...	...	...	2	"	"	"	"	"
Pontypool	...	...	...	...	2	"	"	"	"	"
Ebbw Vale	...	...	...	...	4	"	"	"	"	"
Newport	...	...	...	...	6	"	"	"	"	"
Tredegar	...	...	...	...	2	"	"	"	"	"
Newbridge	...	...	...	...	2	"	"	"	"	"
Usk	...	...	...	...	2	"	"	"	"	"
Chepstow	...	...	...	...	2	"	"	"	"	"
Monmouth	...	...	...	...	2	"	"	"	"	"
Abergavenny	...	...	...	...	2	"	"	"	"	"
Cwmbran	...	...	...	...	2	"	"	"	"	"
Neville House, Garndiffaith	...	...	...	...	2	"	"	"	"	"
Sunninghill, Tredegar	...	...	...	...	2	"	"	"	"	"

Treatment was by appointment and in general was given in periods of half-hour at weekly intervals. Where necessary and possible bi-weekly appointments were given. In some cases the period of treatment was a few months, but in some cases extended to years, according to the type of defect to be remedied.

During 1957, 7,151 appointments were made, 4,771 of which were kept. Interest in the treatment frequently varied in the cases of children attending over long periods, and pains were taken to impress upon the parents and children the importance of attending. In addition to the usual type of speech defects, certain spastic children were also treated.

326 children were treated during the year. 110 were discharged for non-attendance, 13 as unsuitable for treatment, 126 as cured, whilst 6 left school. There were 43 discharges for other reasons.

28 visits to Schools were made by Speech Therapists for purposes of examination and treatment of pupils.

Orthoptic Treatment.

The year 1957 commenced with the Orthoptic Clinic being staffed by one part-time Orthoptist, Mrs. H. M. Gregory, who attended for three half-day sessions per week. On February 7th, 1957, Miss

Margaret Ericson joined the staff as a full-time Orthoptist, but on June 12th, 1957, Mrs. Gregory resigned, leaving one full-time Orthoptist in office.

The Orthoptic Clinic was held at Stanley Road, Newport, and was conducted under the direction of the Ophthalmic Surgeon attending the Ophthalmic Clinic. Cases were referred by the latter for the assessment of squint with a view to operative treatment in hospital or to correction by means of exercises, etc., at the Orthoptic Clinic itself.

During the year 3,298 appointments were sent for attendance at the Clinic, of which 628 were not kept. 341 new cases were seen and in addition 864 treatment periods were given to old cases. A further 356 attendances were made for occlusion and 1,060 for observation, whilst 51 cases were discharged from the Clinic. Of the cases discharged, 20 were cured, 21 were improved and not likely to benefit from further treatment, and 10 were found to have no squint. There were also cases discharged as having a cosmetically satisfactory result, but these only received supervision in the Orthoptic Clinic, pre- and post-operatively on behalf of the Ophthalmic Clinic, and did not receive actual orthoptic treatment, because of the absence of binocular vision.

Consultant Ophthalmic Clinic.

Mr. G. W. Hoare and Mr. R. Vaughan Jones, each held Consultant Ophthalmic Clinics at the Stanley Road premises for a half-day session per week, with extra sessions arranged as required by the length of the Waiting List. At this Clinic all new cases of squint were examined and the necessary treatment instituted. The Clinic was also attended by a Medical Officer of the School Health Department and as the Orthoptic Clinic was held in an adjacent room at the same time, cases were dealt with in the most comprehensive manner. Suitable children were referred for orthoptic treatment or for operative correction of squint at the County Hospital, Griffithstown. 107 children were operated upon for squint during the year at the County Hospital.

Difficult refractions or other eye conditions were referred by School Medical Officers for examination at the Ophthalmic Clinic, as also were any severe external eye conditions. Children suspected of being blind or partially sighted were also examined and if necessary certified as Handicapped Pupils.

During the year 1,039 children were refracted during their examination and spectacles were prescribed in 452 cases.

Refraction Clinics.

In addition to the Consultant Ophthalmic Clinic, School Medical Officers held refraction clinics at a number of premises in the County. Here ordinary refractions were carried out, and any difficult cases of squint which were encountered were referred to the Consultant Clinic. In 1957 1,592 refractions were carried out at the Refraction Clinics and in 848 cases, spectacles were prescribed.

Colour Vision.

A School Medical Officer, with experience in eye clinics, visited a large number of schools and demonstrated to Head Teachers the method of detecting colour blindness by means of the use of the Ishihara Book with its coloured panels. The utmost co-operation was received from the Head Teachers and they readily agreed to a scheme whereby one of the books was deposited for a few days in a school in order that the Head Teachers may carry out preliminary colour-vision tests on pupils. The pupils selected were those in the year prior to transfer to a Secondary School. The Head Teachers sent in lists of pupils examined by them and any cases of, or suspected, colour blindness were referred to a School Eye Clinic. Confirmed cases were notified to the parents in view of the possible bearing that the condition may have upon the selection of a career, and also to the new Head Teacher for his guidance.

Ear, Nose and Throat Ailments.

The Ear, Nose and Throat Clinic at Stanley Road, Newport, was held once or twice weekly throughout the year for the diagnosis and treatment of school children. Here cases were primarily examined by a School Medical Officer who has had considerable experience in the work. Treatment was either instituted immediately or in suitable cases the children were referred for examination at the Clinic by the visiting Consultant Aural Surgeon, Mr. D. B. Sutton. Arrangements were made when required for hospital treatment.

Many cases of children requiring operative treatment for tonsils and/or adenoids, were notified direct to this department by general medical practitioners and were referred direct to the County Hospital, Griffithstown, or The Aberbargoed and District Hospital, for examination by their visiting Consultant Aural Surgeon.

During the year 1957, 75 operative sessions were held at the County Hospital, Griffithstown, by Mr. J. L. D. Williams, F.R.C.S., for removal of tonsils and/or adenoids. 576 cases were operated upon, these including proof-puncture of antrum where required. 178 names were removed from the Waiting List following a preliminary examination by the surgeon, when operation was found to be unnecessary, or for other reasons. There were 63 preliminary Consultation sessions at which 802 children were examined for the first time and 126 children were re-examined.

The number of names added to the Waiting List at the County Hospital was 872, as compared with 726 in 1956. The number of names on the waiting list on 31st December, 1957, was 123 compared with 62 at the end of 1956.

At the Aberbargoed and District Hospital 142 operations were carried out for removal of tonsils and/or adenoids by Mr. Peter Thorpe, F.R.C.S. After preliminary examination 126 children were found not to require an operation.

A further 138 operations were carried out in the area of the Divisional Executive.

General Surgical Treatment.

Cases reported by School Medical Officers as requiring the opinion of a general surgeon were referred to the clinic held at monthly intervals by Mr. J. T. Rice Edwards, F.R.C.S., at the Stanley Road Clinic. Where surgical operation was then advised, arrangements were made by the Medical Superintendent of the County Hospital at Griffithstown, for the treatment to be carried out at that hospital. I am grateful to Dr. W. Parry Jones, the Medical Superintendent for the expeditious manner in which these cases were dealt with.

There were 64 new cases examined and a total of 112 attendances.

Paediatric Cases.

The County Council has no Paediatric Clinic, but all cases of obscure disease in children are referred to Paediatric Clinics at local hospitals. Dr. T. A. Brand examines most of the cases and kindly sends to my Department details of diagnosis and treatment of each child seen, as do other Consultant Pædiatricians. The reports are added to the Children's School Medical Records and the information is of great value to School Medical Officers at subsequent School Medical Inspections.

Heart and Rheumatic Clinic.

Professor A. G. Watkins continued to attend the Stanley Road Clinic, but whereas the demand for his service required 3 sessions a month a few years ago, the need has gradually reduced, first to monthly clinics and latterly to bi- or tri-monthly sessions. The large majority of cases, referred to the

Clinic have been cases of suspected rheumatic heart, and whereas the total of 164 heart cases were seen at the Clinic in 1947, the total for 1957 was 21. The numbers of new heart cases referred to the clinic in each of the last eleven years are as follows:—

1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
164	166	57	101	60	95	57	58	37	30	21

It may be too early to draw conclusions as to the cause of this decline in child heart disease, but if the improvement continues it may be found that the early and effective treatment of acute rheumatism including the use of antibiotics is exerting a profound influence. The diminution in the number of cases of acute rheumatism over the last three years has been noticed by other Authorities.

Orthopaedic Clinic.

A large number of Orthopaedic defects are referred to the School Orthopaedic Clinic and are dealt with by Mr. D. Nathan Rocyn Jones, F.R.C.S., the Consultant Orthopaedic Surgeon. In addition to the more serious orthopaedic defects a large number of cases of flat feet or of postural defects are also met with. Those cases requiring hospital treatment are dealt with at the Royal Gwent Hospital, Newport, the County Hospital at Griffithstown, or the Prince of Wales Orthopaedic Hospital, Cardiff. Between the Orthopaedic Clinic and these three hospitals there is close liaison and very satisfactory results are obtained.

At the Stanley Road Clinic, there is a Physiotherapy Department under Miss M. Walker, an Orthopaedic Sister who has had special experience with Physiotherapy in cases of cerebral palsy and whose services are provided by the Regional Hospital Board. At this Clinic are dealt with those cases referred by the Orthopaedic Surgeon for Physiotherapy, whilst once per month the surgeon holds a special clinic there for the examination of spastic cases and reviews with the Sister the old cases.

Surgical appliances are prescribed and obtained where necessary.

Miss M. Pugh, an Orthopaedic Sister employed by the County Council attends the Orthopaedic Clinics and holds special exercises clinics at Blackwood and Rhymney. She also holds a weekly clinic at Stanley Road, Newport, for the supervision of supplied appliances, etc.

Owing to the large number of cases requiring observation or follow-up examinations, Dr. Rhiannon Morgan held follow-up clinics of her own, thus relieving the considerable pressure on the Consultant Orthopaedic Clinic. Dr. Morgan examined 224 cases during the year.

Mr. D. Nathan Rocyn Jones examined at his Clinics, 778 new cases with a total attendance of 2,247.

77 new cases attended the Physiotherapy Clinic at Stanley Road, and there was a total of 1,965 attendances.

35 children were admitted as Orthopaedic In-patients to the County Hospital, Griffithstown, during 1957, and 20 cases attended for Physiotherapy.

Tuberculosis.

20 children were referred by School Medical Officers for examination by Chest Physicians, and the results of the examinations were:—

				Total Cases	Positive Results	
For examination re Lungs	...	...	...	16	...	—
For examination re Glands	...	...	...	4	...	—
For examination re Spine or Bones	..	...	—	—	...	—

Other Treatment.

Details of other treatment given may be found in later pages.

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER.

The Staff of School Dental Officers throughout 1957 remained the same as at the end of 1956, i.e., the Principal School Dental Officer, assisted by 5 full-time School Dental Officers and also 1 part-time officer who worked in the Ebbw Vale area of the Ebbw Vale, Abertillery, Nantyglo and Blaina Divisional Executive Committee. There were two unfilled vacancies for School Dental Officers at the end of the year and efforts to obtain officers had failed.

The School Dental Service offers comprehensive facilities for dental treatment of the school children in Monmouthshire. Up-to-date surgeries with modern equipment are situated in convenient centres, entailing the minimum amount of travelling on the part of the patients. A modern mobile dental surgery cares for the needs of school children in the country areas and treatment is carried out at the schools.

X-ray facilities are available and there is also an Orthodontic service for dealing with dental irregularities.

Tables V set out in detail the number of pupils treated and types of treatment given during 1957 including orthodontic treatment and supply of dentures.

The Principal School Dental Officer carried out orthodontic treatment at the Clinics at Newport, Pontypool, Blackwood and Chepstow with additional cases being treated at Ebbw Vale. Cases were also seen at these clinics for supply of dentures.

186 X-ray examinations were made.

The Oral Hygienist continued to hold, under the supervision of the Principal School Dental Officer, clinics for the promotion of dental hygiene. Cases were referred to her following routine school dental inspections and from dental clinics where the children were being given dental treatment. Other cases were referred by Health Visitors or on application from a parent. Of all the appointments given it was found that between 20% and 25% were not kept. A few years ago it was noticed that teenage girls were better at keeping appointments for scaling and polishing of teeth than were boys, and it was assumed that the girls were more concerned about their appearance. It now appears that the teenage boys attend equally well, and it may be that past efforts to encourage dental health are in this respect having some effect.

The Oral Hygienist treated 3,190 children for scaling and polishing during the year 1957 and there were 3,512 attendances for this purpose. Many of the cases were treated at the same time as attendance was made for other treatment. 1,058 cases were referred from school dental inspections as requiring treatment by the Oral Hygienist only.

Courses of sodium fluoride applications were carried out by the Oral Hygienist for 89 children in addition to the above.

Conservation of the teeth is the primary object of the School Dental Service, and to this end routine school dental inspections are carried out at regular intervals at which cases requiring dental treatment are discovered, the parents notified and invited to apply for treatment. At many clinics the attendance for dental fillings is disappointingly low, and in many cases the non-attenders apply later for emergency extractions when suffering from toothache. In these cases untreated teeth have been allowed to deteriorate and whereas with prompt treatment they would have been saved it became

necessary later to extract. Even when toothache commenced, treatment was frequently neglected until it became severe, when emergency application was made for extraction. It would appear unfair to children who regularly accept the recommended treatment that children whose parents have allowed their teeth to be neglected should thus claim priority of treatment, but in order to alleviate severe pain this has to be allowed.

With regard to dental treatment in the Secondary School age group, it has been noticed that Grammar School pupils attend better for it than do scholars from the Secondary Modern Schools.

PROVISION OF SCHOOL MEALS AND MILK (INCLUDING THE DIVISIONAL EXECUTIVE AREA).

There are at present 234 School Canteens providing meals, free of charge or on payment, to 327 School Departments.

The average daily number of children provided with meals is as follows:—

Free	1,777
On Payment	15,320
Total	<hr/> 17,097 <hr/>

Milk is supplied free of charge for drinking purposes.

HANDICAPPED PUPILS.

The sub-joined tables gives details of the Handicapped Pupils on the register.

The provision of suitable education for all the children in the various groups of Handicapped Pupils sets a difficult problem, and in this County area it has seemed that there was no better method than the residential school system, except in the cases of certain educationally sub-normal pupils who may be dealt with in special classes in ordinary schools in the more densely populated areas, and certain deaf and partially deaf children and some partially sighted scholars. In Monmouthshire Administrative County we have a residential school for educationally sub-normal pupils at Hilston Park, Monmouth, which caters for boys of 10 to 16 years of age and one at The "Mount," Chepstow, taking mal-adjusted boys of 7 to 16 years of age. There is also a Special Residential School for Delicate Pupils at Moun-ton House, Pwllmeyric, near Chepstow, with accommodation for 40 boys and 40 girls between the ages of 5 and 16 years. 18 places are reserved for the use of pupils nominated by the County Borough of Newport Education Committee, and from time to time a number of places are available for children from other Education Authorities.

Blind and Partially Sighted Pupils. There is no special school for these pupils within the County, and arrangements are made to place those who are in need of residential accommodation in schools of other Authorities. Certain Partially Sighted pupils are accommodated in an ordinary school with special visual aids.

Deaf and Partially Deaf Pupils. Children coming to the notice of the Principal School Medical Officer as being suspected of suffering from defective hearing are referred to the Ear, Nose and Throat Clinic at Stanley Road, Newport. Here they are examined by Mr. D. B. Sutton, F.R.C.S., Consultant Aural Surgeon, and if necessary Audiometric tests are carried out. These are now performed at the same Clinic and the results are assessed by the Consultant, and suitable cases are referred to the Director of Education for admission to special schools. Not all cases are admitted to residential special schools, as is explained in the report upon the Audiology Clinic.

Epileptics. Records are kept of all known cases of epilepsy and admission to special schools is arranged where necessary. Information reaches the School Health Department by a number of channels, i.e., via the School Medical Officers, Health Visitors, Head Teachers, and the Child Guidance Clinic. The Paediatricians at the various Hospitals also supply information regarding cases of epilepsy seen by them, and this is a very valuable assistance. In cases where there is maladjustment associated with epilepsy there is close co-operation between the Child Guidance Clinic and the Paediatricians.

Known cases who are at home are followed up by Health Visitors with regard to their general welfare and also to ensure that any medication prescribed is being taken.

Suitable cases are referred to the Director of Education, for residential special schooling, and he makes the necessary arrangements.

Physically Handicapped. This group of pupils includes Delicate, Diabetic, Defective Heart, Cerebral Palsy, etc., and residential special schooling is provided for cases in need of it. Delicate children are accommodated at Mouton House Special School for Delicate Pupils, near Chepstow. Spastics are admitted to Special Schools provided by the National Society for Spastics.

Speech Defects. During 1956 we had no pupils in special schools for speech defects, but there was 1 case of multiple defects, including speech, this not being the main defect, which was in another special school. Other cases were under the care of our Speech Therapists.

Maladjustment. Children suspected of maladjustment were examined under Section 34 of the Education Act, 1944, and cases were referred to the Child Guidance Clinic at Stanley Road, Newport, or Market Street, Tredegar. Cases requiring special residential schools were, after due documentation, referred to the Director of Education. The "Mount" Special School for Maladjusted pupils accepts boys of from 7 to 15 years of age.

Educationally Sub-normal. Children coming to the notice of the Authority as being likely to require special educational treatment owing to educational backwardness, are specially examined by approved school medical officers and recommendations made as to the type of special education, if any, required. The Hilston Park Special Residential School, near Monmouth caters for educationally sub-normal boys, but there is no residential accommodation in this County for girls in the same category. Where possible and necessary pupils are admitted to special schools belonging to other Authorities.

During the year 1957, 123 pupils were examined for the first time under Section 34 of the Education Act, 1944, with regard to educational subnormality, and 61 children were re-examined under this Section. 103 examinations were carried out under Section 57.

As a result of examinations by specially approved School Medical Officers under Section 34 of the Education Act, 1944, and re-examination under Section 57(3) of the same Act, 26 pupils (15 boys and 11 girls) were transferred to the care of the Local Health Authority as being incapable of receiving education at school. Under Section 57(5) of the same Act, certain pupils were specially examined during the last two terms of attendance at school, and 23 (16 boys and 7 girls) transferred to the care of the Local Health Authority as requiring supervision after leaving school.

In cases of children suffering from more than one defect difficulty is sometimes encountered in placing them in suitable special schools. Where there is mental retardation, particular difficulty is experienced as normal intelligence is usually required to enable the pupil to benefit from the special methods of education. As a general rule, in cases of multiple defects attempts are made to place the children in schools where their major handicap is catered for.

EARLY DIAGNOSIS AND TREATMENT OF DEAFNESS AMONG CHILDREN.

During 1957 progress was made with the provision of a scheme for the early detection and treatment of deafness among children. This scheme was presented to the Special Services Sub-Committee on June 13th, 1957, and received approval. A letter dated 16th August, 1957, was received from the Ministry of Education indicating approval.

It was estimated that in any one year, the likely number of children who would show varying degrees of deafness in the pre-school age would be:—

Those severely or totally deaf, requiring education by methods other than natural speech	... ..	5 to 10
Those severely deaf but with sufficient natural hearing when stimulated by exercises, and by the additional means of a hearing aid, capable of approximately normal hearing	... ..	20 to 25
Those with defective hearing some of whom will need the assistance of a hearing aid, at least for some of their school life	... ..	250 to 400

In considering the optimum age to deal with the problem, and having regard to the fact that the nerve which hears sounds, however faintly, will increase in vitality if stimulated, and not otherwise, it appears that the best time to stimulate the auditory nerve is therefore when the child is as young as possible. It is usually at about two years of age that any hearing defect becomes detectable. If not attended to, some of the results may be:—

- (a) the child is labelled mentally defective—if it cannot hear it cannot learn.
- (b) it lags behind its proper educational age.
- (c) it becomes maladjusted or delinquent, resenting the greater advantages other children have.
- (d) its hearing deteriorates and is finally lost.

It was proposed that the Council's Health Visitors shall have special training in detecting early deafness in children and, with this knowledge they will be able to find out all babies suspected of deafness which they may encounter at Infant Welfare Clinics, Nursery Schools, Children's Homes, etc. and report the names to the School Health Department, Audiology Clinic. The University of Manchester, with the approval of the Ministry of Education, conducts such courses of instruction for Health Visitors.

It was proposed to establish a Central Audiology Clinic at Stanley Road, Newport, to accurately assess the degrees of deafness of the reported children, and provide them with suitable hearing instruments. The Audiology Clinic was judged to require a sound-proof room with an Audiometer and to require the services of a School Medical Officer who has already been specially trained in this work, and is a present member of the Medical Staff, with the Consultant Aural Surgeon as the clinical head and Director of the Clinic.

The Clinic would require a specially qualified teacher of the deaf, to give instruction designed to improve the hearing and speaking capacity, and to undertake this work both individually in the homes and in classes at the Clinic.

Hearing aids to be provided would be of special type suitable to the need. The National Health Service Medresco hearing aid had the disadvantage of large bulk, but it was expected that early in 1958 this instrument would be superseded by a small transistor aid. Both these instruments however, had a flat frequency amplification and were not suitable for children suffering from high-tone, or low-tone deafness. There was available however, on the commercial market a transistor aid with a tone

control, which was very suitable for the cases of selective deafness. The Ministry of Education agreed that subject to the Minister's approval in every individual case, that these instruments may be supplied to the specially selected cases, and be eligible for grant.

Before reaching school age, the children treated would have received some years' experience in listening to, and communicating with, their fellows through the medium of speech and hearing and not by signs.

Upon attaining school age, all these children would be reviewed. Those capable of ordinary hearing would enter normal schools, and be seen regularly by the School Medical Officer at the Clinic, and the Clinic Nurse, to ensure that they enjoy the amenities necessary to maintain their ability to hear and learn. Those still profoundly deaf would enter residential schools for the deaf, but would enter those schools with some years of previous training, and should therefore make rapid progress.

The apparatus which would be required include:—

Table Audiometer.
Portable Audiometer.
Tape Recorder.
Individual Trainer.
Sound-proof room.
Special Intelligence Tests.

The scheme was put into operation in October, 1957, and up to the end of that year, the following cases had been dealt with. The figures given include those dealt with by the ordinary Ear, Nose and Throat Clinic before the scheme began:—

Hearing Aids issued.

Medresco	...	...	...	...	...	...	...	...	45
Commercial Hearing Aids	...	...	...	...	...	...	...	...	6
Known to be wearing the aids provided	...	...	...	...	...	...	...	...	22
Refusing to wear the Medresco Aid	...	...	...	...	...	...	...	...	16

Children with deafness of more than 20 db. in both ears, and attending ordinary schools.

Under observation with no hearing aids	...	...	...	...	...	...	...	42
With Medresco hearing aids	...	...	...	...	...	...	...	28
With Commercial hearing aids	...	...	...	...	...	...	...	5

Deaf Children in Residential School for the Deaf.

With Medresco hearing aids ((3 with benefit, 4 with no benefit)	...	...	...	...	...	...	...	7
With Commercial hearing aid	...	...	...	...	...	...	...	1

Number of Hearing Aids ordered since October, 1957.

Medresco	...	...	...	...	...	...	...	...	8
Commercial	...	...	...	...	...	...	...	...	6

2 cases have been referred to the Child Guidance Clinic, and 1 case put on the waiting list of the Psychotic Ward of the Belmont Hospital, Surrey, for ascertainment of mental condition and possible treatment.

Arrangements were made with the London Audiology Unit, and also the Department for the Education of the Deaf at Manchester University for difficult cases of mental ascertainment to be seen by their specialists.

Negotiations were proceeding at the end of 1957 for a visit of Dr. Ian Taylor, of the Manchester University, to give instructional lectures to Health Visitors, and it was hoped that he would attend at the Stanley Road, Clinic, Newport, in early 1958.

Cerebral Palsy—"Spastics."

The Cerebral Palsy Scheme which was described in detail in the Annual Report for 1955 continues to operate with very satisfactory results. Numbers on the Register at 31-12-57 are as follows:—

1. School Age	...	...	...	...	...	...	89	
2. Pre-School Age	...	...	...	...	...	...	34	Total 123

1. **School Age Children.** All those physically capable of benefiting from education are receiving teaching according to their abilities. 43 are attending ordinary day schools, 12 are at special residential schools and 6 are having home teaching. Others are under supervision and 2 have been admitted to institutions.

2. **Pre-School Children.** These have all been assessed at the Developmental Diagnostic Clinic and are under the regular supervision of the consultant orthopaedic surgeon whilst they continue their Home Programme of Physiotherapy. The results obtained have been quite remarkable and the importance of early diagnosis and treatment of this condition cannot be too highly stressed. Whereas only a year ago it was anticipated that only about one half of those children having treatment would reach normal school at age 5, in actual fact of the 17 afflicted children born in 1952 thirteen have entered infants' schools where they will at least have a trial period alongside their brothers and sisters. Our thanks are due to the Consultant Orthopaedic Surgeon, Mr. D. Nathan Rocyn Jones and Miss M. Walker, Physiotherapist whose valuable services are made available to us by the Welsh Regional Hospital Board.

Child Guidance.

The Child Guidance Service, for the treatment of the maladjustment in children is the joint effort of the School Health Service and Education Departments with co-operation from the Welsh Regional Hospital Board. Throughout the year the service has functioned smoothly and efficiently with benefit to children, parents and schools. The inception of the second clinic at Tredegar has permitted the numbers of cases seen to be nearly doubled, but such is the demand that there is a waiting list for each clinic, and we are unable to do the preventive work amongst mothers and young pre-school children which we desire to do as it is acknowledged authoritatively that the maladjustment in school children and adolescents has its roots in faulty home management before the age of 5.

Moreover, owing to lack of psychiatric time available work continues to be mainly diagnostic and we welcome the approval of the Special Services Committee to the appointment of a child psychotherapist, who will undertake treatment under the aegis of the consultant psychiatrist.

Professionally trained staff for child guidance work is very difficult to obtain and we are extremely fortunate in Monmouthshire to have two full teams, albeit the amount of psychiatric service provided by the Regional Hospital Board is small compared with that provided for areas which has a psychiatric teaching hospital in their midst, e.g., London and Bristol.

Child Guidance Clinic, Newport, Report 1957.

This Clinic has completed a second year of service and the Staff remains unchanged:—

1. Dr. D. F. V. Johnston, B.Sc., M.B., B.Ch., assistant psychiatrist, St. Cadoc's Hospital for Regional Hospital Board.

2. Dr. Cochrane-Dyet, Senior Medical Officer, Mental Health, Monmouthshire County Council, who is responsible for the day to day administration.
3. Dr. J. W. Cox, educational psychologist, Monmouthshire County Council.
4. Miss Readman, seconded from duty as Social Worker, Mental Health for P.S.W. duty shared with Mr. James, P.S.W., Education Department, Monmouthshire County Council.

The team meets on alternate Tuesdays and clinic sessions are held at the School Clinic, Stanley Road, Newport, and the Mental Health Department provides clerical assistance. Whilst the work has to be mainly diagnostic on account of limited psychiatric time, nevertheless remedial work has been carried out by the psychiatrist at St. Cadoc's Hospital, by consultants in other specialties and in schools and homes by the psychologist and psychiatric social workers. At the Stanley Road Clinic the accommodation is permanent and includes—play therapy room, used mainly for diagnostic purposes but available for the lay psycho-therapist whose appointment to complete the team has been approved by the Council and which position has been advertised. With this appointment more remedial work will be undertaken.

The excellent liaison established between homes, schools and hospitals and the consequent benefit to all, supports in practice the recommendation of the Underwood Committee upon which the Child Guidance Service is based.

In addition Dr. Johnston visits The Mount School for Maladjusted Boys at Chepstow once a month and his specialised advice is much appreciated by the Headmaster. Moreover all admissions and discharges to and from this School are made on the recommendation of the Child Guidance Team.

Cases have been referred during the year by family doctors, in increasing numbers, by School and Child Welfare Clinics, by Head Teachers, Probation and Children's Officers.

The Catchment area for the Clinic comprises the following:—

1. Eastern Valley north to Pontypool.
2. Eastern Rural area.
3. Magor & St. Mellons District Council area.
4. Western Valley Risca and Crosskeys to Crumlin.
5. Machen to Trethomas and Bedwas.

Taking the Population of Monmouthshire to be 321,500 an annual incidence of 201 new cases gives a index of .625 per 1,000 population.

No. of Cases on Waiting List at 1-1-57	...	...	...	...	...	...	27	
„ „ Cases referred during 1957	...	...	...	...	...	...	113	
								140
„ „ New Cases examined during 1957...	...	...	...	...	...	...	66	
„ „ appointments offered and not kept (non co-operation or problem resolved)							42	
„ „ New cases on Waiting List at 31-12-57			...	...	...	...	23	
„ „ New Cases transferred to Tredegar Clinic			...	...	...	...	9	
								140
„ „ repeat cases examined, 1957	...	...	...	...	...	...	53	
„ „ cases resolved and closed, 1957	...	...	...	...	...	...	41	

Analysis of Diagnosed Cases.

1. Conduct Disorder	...	...	...	...	...	...	...	23
2. Habit Disorder	...	...	...	...	...	...	...	9
3. Nervous Disorder	...	...	...	...	...	...	...	10

4. Educational Disorder	...	...	...	...	...	...	...	6
5. Mental Deficiency	...	...	...	...	...	...	...	5
6. Physical Disorder (including Epilepsy)	...	...	...	...	...	...	...	8
7. No abnormality found	...	...	...	...	...	...	...	5
								<hr/> 66 <hr/>

Child Guidance Clinic, Tredegar. Report 1957.

This Clinic began operation on 13-2-57 with Staff as follows:—

1. Dr. David Thomas, B.Sc., M.B., M.R.C.P., D.P.M., consultant psychiatrist for Regional Hospital Board.
2. Dr. Cochrane-Dyet, Senior Medical Officer, Mental Health, Monmouthshire County Council, who is responsible for the day to day administration of the service.
3. Miss Edwardson, M.A. (Hons.), Educational Psychologist, Monmouthshire County Council, Education Department.
4. Mr. Noel James, Psychiatric Social Worker, Monmouthshire County Council, Education Department.

Clerical assistance is provided by the Mental Health Department, Monmouthshire County Council.

Clinics are held each Wednesday morning at the Market Street Clinic, Tredegar, as a temporary measure, accommodation being limited, which does not allow rooms to be allocated full-time for this work. In the near future it is hoped to transfer the service to The Grove, Tredegar, a property being purchased for clinic purposes by the County Council, and where permanent accommodation will be available for staff, including a play therapy room. The Child Guidance Team will be further reinforced by the appointment of a trained lay psychotherapist, a position for which applications have been advertised.

In view of the limited amount of psychiatric time available this Child Guidance Service has received little publicity as the number of cases already referred are adequate for the time allocated.

Cases have been referred during the year as under:—

1. Family Doctors	...	...	...	20
2. School Infant Welfare Clinics	...	...	...	30
3. Consultants	...	...	...	19
4. Head Teachers	...	...	...	9
5. Probation Officers	...	...	...	7
6. Children's Officers	...	...	...	3
				<hr/> 88 <hr/>

The Catchment area for this clinic comprises the following areas:—

1. Tredegar and District.
2. Blaenavon, Abergavenny and Eastern District.
3. Ebbw Vale, Western Valley, north of Crumlin.
4. Sirhowy Valley, north of Blackwood and Cefn Fforest.

General Report.

No. of Cases referred up to 31-12-57	...	...	...	...	...	...	88
„ „ Cases examined up to 31-12-57	...	...	...	...	...	...	60
„ „ appointments offered and not kept up to 31-12-57:							
(a) because of non co-operation	...	...	...	...	...	8	
(b) because of condition resolved	...	...	...	...	...	10	
						—	18
„ „ Cases on Waiting List at 31-12-57...	...	...	...	...	...	...	10
„ „ Cases resolved after treatment and closed	...	...	...	...	...	...	28

Analysis of Diagnosed Cases.

1. Conduct Disorder	...	...	...	...	...	...	...	24
2. Habit Disorder	...	...	...	...	...	...	...	9
3. Nervous Disorder	...	...	...	...	...	...	...	12
4. Educational Disorder	...	...	...	...	...	...	...	3
5. Mental Deficiency	...	...	...	...	...	...	...	4
6. Physical Disorder (including Epilepsy)	...	...	...	...	...	...	...	8
								—
								60
								—

Epilepsy.

Records are kept of all known cases of epilepsy and admission to special schools is arranged where necessary. Information reaches the School Health Department in a number of ways, i.e., via School Medical Officers, Health Visitors, etc., and, also by means of reports from Paediatricians and the Child Guidance Clinic. Arrangements are made for the cases to be followed up by Health Visitors with regard to their general welfare and also to ensure that any medication prescribed is being taken.

Convalescence.

There were no children in Convalescent Homes during the year.

Poliomyelitis Vaccination.

In continuation of my last year's report, the Welsh Board of Health in Circular 22/56 (Wales) dated 12th December, 1956, stated that it was hoped that from mid-January 1957 onwards, regular supplies of the poliomyelitis vaccine would be available and that general medical practitioners would be given the opportunity to take part in the scheme in accordance with Section 26(3) of the National Health Service Act, 1946. These arrangements were to take effect from January, 1957, onwards.

General Medical Practitioners were to be allowed to take part whether or not they were otherwise participating in the National Health Service, and could decide to join the Scheme at any time, in order to vaccinate registered children who were their patients.

It was laid down that parents should be informed that as an alternative to having their children vaccinated by the Local Health Authority, they may ask the family doctor if he is willing to perform the vaccination and they might be asked in that event to secure for the Local Health Authority, his confirmation in writing that he will make the necessary arrangements.

Where a comparatively large area, such as the County of Monmouth, has to be dealt with it will be seen that considerable practical difficulties arise with regard to the vaccination of children by the general medical practitioners having regard to the fact that ordinary postal arrangements cannot be used for transmission of the vaccine from the Health Department to the various addresses. However, after discussions with a Sub-Committee of the Local Medical Committee, and an informal talk with a medical officer of the Welsh Board of Health, a scheme was evolved which appeared to overcome all the major obstacles. The explanatory letter printed on the back of the application form told the parents that instructions as to the actual vaccination would be sent at the time of appointment. The appointment form, accordingly, offered vaccination at a stated time and place by a medical officer of the County Council, but also offered the alternative of vaccination by the family doctor. In the latter case the parents were asked to obtain the doctor's written consent on a form provided at the foot of the appointment form. On presentation by the family doctor of this consent form, the vaccine and record card was handed to him. For the second injection an appointment was sent so that the doctor could collect the vaccine at the clinic. On returning to the County Medical Officer, the completed record card, the family doctor is entitled to a payment of 5/- for the completion of the record. It was deemed inadvisable that vaccine should be handed to members of the lay public, in view of its special storage requirements and that only the doctor should be allowed to collect it. This scheme allowed of the vaccine being delivered to convenient spots in the County with a minimum of time out of the refrigerator and a letter of explanation was sent to all general medical practitioners in the County on 18th June, 1957.

Circular 6/57 (Wales) dated 14th May, 1957, from the Welsh Board of Health indicated that, subject to decisions of Medical Officers of Health to the contrary, vaccination would continue throughout the Summer and that supplies of vaccine would be delivered as they became available. Further, it was proposed to extend the age group of eligible children so as to include those born in 1955 and 1956, and the public was notified of this by Press advertisement. Information was also given to all Area Medical Officers and Clerks and Health Visitors. Schools were also reminded that eligible children who had not been previously registered could still be accepted for vaccination. Consent cards could still be obtained from the various premises or by direct application to the County Medical Officer.

When the Scheme was started in 1956, owing to the extremely small supplies of vaccine available only one unkept appointment was allowed unless a reason for the non-attendance was forthcoming. The appointment notice stated that in the case of non-attendance, unless a reason was supplied it would be assumed that vaccination was not required. However, in June, 1957, it was decided to give a second opportunity to non-attenders. In case the children were away on holiday or suffering from temporary illness, the second appointment was in each case deferred for at least three weeks. In all cases where a reason was forthcoming, further appointments were given.

In a further letter dated 19th November, 1957, Circular 16/57 (Wales), the Welsh Board of Health announced a proposed further extension of the scheme, so as to include children up to the age of 15 years and children born in 1957 who had reached the age of six months.

It was stated that supplies of vaccine from a second British manufacturer could now be expected but in order to carry out the extended programme it would be necessary to supplement the British supply by importation of Salk Vaccine manufactured in Canada and the United States of America. Before use, the imported vaccine would be required to pass in this country the same safety and other tests as are applied to the British Vaccine. The Canadian Vaccine was to be supplied in vials of 10 doses each and the American in vials of 9 doses each, whereas the British vaccine had been supplied in vials of 10 doses each and also smaller vials of 1 dose each.

On receipt of the Circular arrangements were made for further Press announcements on the same lines as previously, indicating the new groups of persons now eligible and supplies of registration cards were deposited at Infant Welfare Clinics, etc. Schools were again circulated but now Secondary School pupils had become eligible and from these latter schools a large number of registrations were received in bulk from the individual schools. Approximately 13,000 registrations were received from Secondary Schools, and it was immediately obvious that a great economy of effort for all concerned could be effected by the vaccination being carried out, except for those who had chosen vaccination by the family doctor, at the schools. The new registration cards which had been printed contained a provision for the acceptance or rejection of the imported vaccine, but large numbers of registrations were received on the old cards which had been left unused in the various centres from the previous distribution. Also, many of the new cards had not been filled in to indicate a preference. The new letters of appointment indicated that where no preference had been expressed, the imported vaccine would be used unless a written objection was received.

The injection of the persons concerned in the new group of course had to be carried over into 1958, and the next Annual Report will give details of the numbers done.

From 3rd May, 1956, until 31st December, 1957, 28,224 doses of poliomyelitis vaccine, all of British origin, were received, and 11,314 children had received two injections and 1,352 children were awaiting the second injection.

Handicapped Pupils, ¹⁹⁵⁷~~1956~~.

	<i>No. admitted to Special Schools during 1957. (a)</i>	<i>No. in Special Schools on Jan. 1st, 1957, and for whole or part of 1957. (b)</i>	<i>No. not in Special Schools. (c)</i>	<i>Total on Register. (d)</i>		
Blind Pupils	5	7 ⁽¹⁾	3	16		
Partially Sighted	2	8	10	20		
Deaf	2	29 ⁽²⁾	4	36		
Partially Deaf	—	2	2	4		
Delicate	29 ⁽³⁾	45 ⁽⁴⁾	37 ⁽⁵⁾	116		
Epileptic	3	3	1	7		
Physically Handicapped..	4 ^{(6) (7)}	12 ⁽⁸⁾	48	68		
Speech Defect	—	— ⁽⁹⁾	6 ⁽¹⁰⁾	8		
Multiple Defects	13 ⁽¹¹⁾	37	57	107		
			<i>Total number on register recommended for Special School.</i>	<i>No. under observa- tion.</i>	<i>Recommended for Tuition in ordinary schools and not requir- ing Residential Treatment.</i>	<i>Total on Register.</i>
Educationally Sub-normal	32 ⁽¹²⁾	47 ⁽¹³⁾	153	157	174	582 ⁽¹⁴⁾
Maladjusted	12 ⁽¹⁵⁾	10 ⁽¹⁶⁾	28	29	5	79 ⁽¹⁷⁾

- (1) Excluding 1 in Special School where main defect is not Blind.
 (2) Excluding 1 in Special School where main defect is not Deaf.
 (3) Excluding 2 admitted to Special School where main defect is not Delicate.
 (4) Excluding 2 in a Special School where main defect is not Delicate.
 (5) Excluding 1 Transferred to Local Health Authority.
 (6) Including 1 Transferred to Local Health Authority.
 (7) Excluding 1 admitted to Special School where main defect is not Physically Handicapped.
 (8) Excluding 2 in a Special School where main defect is not Physically Handicapped.

- (9) Excluding 1 in a Special School where main defect is not Speech.
 (10) Excluding 1 Transferred to Local Health Authority.
 (11) Including 2 Transferred to Local Health Authority.
 (12) Excluding 7 Admitted to Special School where main defect is not E.S.N.
 (13) Excluding 12 in Special Schools where main defect is not E.S.N.
 (14) Including 49 Transferred to Local Health Authority.
 (15) Excluding 7 Admitted to Special School where main defect is not Maladjusted.
 (16) Excluding 8 Admitted to Special School where main defect is not Maladjusted.
 (17) Including 1 Transferred to Local Health Authority.

PREVENTION OF TUBERCULOSIS.

During the first half of 1957 arrangements were made for tuberculin skin tests to be carried out on most of the school entrants and leavers during the school year. An explanatory letter was sent to the parent of each pupil, asking for consent for the proposed investigation and for X-ray examination if necessary or advised. The distribution of the letters was effected by the co-operation of Head Teachers, who gave information as to the numbers required. 13,750 letters and consent forms were sent out and 7,610 consents received, a consent rate of 59%. 169 schools were visited by Medical Officers or Health Visitors and Multiple Puncture Skin Tests were carried out.

Skin tests were carried out on 5,348 entrants and seven-year-olds and positive results were obtained in 206 cases, a rate of 4%. In the case of leavers, skin tests were carried out on 1,653 pupils, and of these 252 yielded positive results, a percentage of 15 of the leavers tested. Unfortunately many pupils were absent or not available at the time of the visit for the application of the test or its later reading.

As part of the whole scheme for the prevention of tuberculosis in schools, arrangements were made with the Mass Radiography Service of the Welsh Regional Hospital Board for X-ray examination of many of the same pupils, for whom parent's consent had been obtained. A mobile X-ray unit visited the County in May, 1957, and investigation of school children was carried out at 10 centres, 6 of which were at schools. The centres were as widely distributed as possible, and were placed so as to be within easy reach of the greatest possible number of pupils from their respective schools. Where the distance was too great for walking, free transport was provided to and fro. All parties of pupils were accompanied by a teacher or teachers. Arrangements were made for all the consenting leavers to attend for X-ray examination together with all entrants who had given a positive tuberculin skin test but here again many of the leavers did not attend, although it was pleasing to note that nearly all of the recommended entrants attended with a parent.

In all, 5,271 pupils were X-rayed by the Mobile Mass Radiography Unit, and cases showing any abnormality were referred for further investigation. 5 cases of active tuberculosis of the lungs were discovered by Chest Physicians on follow-up examinations. There were 48 cases of healed primary complex. In addition a number of cases were recommended for observation and re-examination. 5 cases of suspected heart abnormality were reported by the Mass Radiography Unit. 2 were known cases of congenital heart disease. The others were referred for examination by Professor A. G. Watkins, who found no organic disease.

I should like to express my thanks to the Medical Officer, Administrative Officer and Staff of the Mass Radiography Service for their co-operation and courtesy in connection with the above work. An investigation of this nature involves much co-ordinated organisation and the arrangements were most satisfactory. I am also indebted to the Special Services Department of the Director of Education for arranging the transport and to the Head Teachers for so willingly helping.

This scheme, in addition to affording the detection of current disease, provides a valuable degree of health education, bringing to the notice of parents and older pupils the fact that such means of prevention are available.

B.C.G. Vaccination.

As a result of the receipt of Circular 14/56 (Wales), dated 27th July, 1956, from the Welsh Board of Health, the Monmouthshire County Council decided to commence a scheme for the B.C.G. vaccination of school children against tuberculosis. A scheme was submitted to the Welsh Board of Health and a letter dated 4th September, 1956, intimated the Board's acceptance.

It was proposed to carry out the vaccination on children aged between 13 and 14 years, thus allowing for a further year before leaving school in which the children could be kept under supervision. The first report of the Medical Research Council's Committee on Tuberculosis Vaccines also showed that children of this age-group were given a substantial degree of protection against tuberculosis when vaccinated with B.C.G. vaccine. Only those children showing a negative tuberculosis skin test would be vaccinated.

During the Autumn of 1957 the appropriate schools were circularised and explanatory letters sent to parents, together with consent forms. Tuberculin skin tests were carried out on children for whom parental consent had been obtained, the tests being carried out by means of the Heaf Multiple Puncture Gun. A week after the performance of the tests, the schools were visited and the results read by specially designated School Medical Officers. Those children who yielded negative skin tests were given the B.C.G. vaccination by the School Medical Officers who read the results of the tests. At the time of the vaccinations a letter describing the reactions to be expected and steps to be taken if advice was desired was provided for the parents of each pupil. Four to six weeks later visits were paid each school by a designated School Medical Officer for the purpose of inspecting the vaccination sites, and further visits were later paid by School Nurses for the purpose of further skin tests to ensure that the vaccination had been successful. Unsuccessful cases were listed for further action.

The School Medical Officers who carried out the vaccinations and subsequent inspections had recently attended a special 3-day course at Cardiff to receive training in the technique and reactions of the injections.

By the end of 1957, 4,097 consent forms had been sent out, and 2,742 consents received. Multiple-puncture skin tests were carried out on 2,267 pupils, of whom 1,903 were negative. B.C.G. vaccination was performed on 1,889 children.

The "tour" required to cover all the children in the selected age-groups could not be completed by 31st December so that some of the pupils remained to be dealt with in early 1958.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING, AND TO THE TEACHING PROFESSION.

In accordance with the directions given in the Ministry of Education Circular No. 249, medical examinations of candidates for admission to Teachers' Training Colleges were carried out and completed forms 4 R.T.C. were forwarded to the respective Principals. In addition, medical examinations, including X-ray of chest by chest physicians were carried out and reported on Form 28 R.Q. The following tables set out the number of examinations, and results:—

On Form 4 R.T.C.		
<i>Medical Category.</i>	<i>Males.</i>	<i>Females.</i>
A.1	63	105
A.2	23	55
B.1	—	—
B.2	—	—
C.	—	—
Total	86	160

On Form 28 R.Q.		
<i>Medical Category.</i>	<i>Males.</i>	<i>Females.</i>
A.1	13	13
A.2	7	4
B.1.	3	—
B.2.	—	—
Total	23	17

96 medical examinations were carried out on teachers where Form 28 RQ was not required. All were found to be physically fit.

EMPLOYMENT OF CHILDREN.

Under the Byelaws made on the 5th of April, 1949, by the Monmouthshire County Council in respect of employment of children and street trading, 694 children were medically examined by School Medical Officers during the year. The examination was required in order to ensure that such employment would not be prejudicial to a child's health or physical development and would not render him/her unfit to obtain proper benefit from education at school. 650 examinations were carried out in 1956.

ACCIDENTS TO SCHOLARS AT SCHOOL.

Cases in which pupils had sustained accidents within the precincts of the Committee's Schools were notified by Head Teachers to the Director of Education, and a copy forwarded to my Department. In order to safeguard the interests of the Education Committee each child was visited by a School Nurse as soon as possible after the notification in order to see that proper medical attention had been obtained. 516 such visits were made during the year.

MISCELLANEOUS MEDICAL EXAMINATIONS

During 1957, 907 medical examinations were carried out by School Medical Officers, and these included applicants for posts as school canteen workers, etc. There were also a certain number of examinations carried out at the request of the Youth Employment Officer in cases where school leavers had missed the routine School Medical Inspection owing to absence. The figure of 907 compares with 710 for 1956.

320 children awaiting admission to Nursery Schools were visited by Health Visitors/School Nurses prior to actual admission.

MEDICAL INSPECTION RETURNS.

Monmouthshire. (Not including the Divisional Executive Area).

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.
(Including Special Schools).

A. PERIODIC MEDICAL INSPECTIONS.*

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	...	...	...	4,385
Second Age Group	...	...	...	...	...	...	...	...	...	2,822
Third Age Group	...	...	...	...	...	...	...	...	...	2,921
Total	...	...	...	...	...	...	...	...	...	10,128
Additional Periodic Inspections	...	...	...	...	...	...	...	...	...	1,265
Grand Total	...	...	...	...	...	...	...	...	...	11,393

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	...	468
Number of Re-Inspections	...	...	...	...	...	...	...	...	4,535
Total	...	...	...	...	...	...	...	...	5,003

C. PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin).

Group (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	43	504	474
Second Age Group	144	267	361
Third Age Group	210	205	398
Total	397	976	1,233
Additional Periodic Inspections	7	32	37
Grand Total	404	1,008	1,270

*See Scheme for Medical inspection on page 1.

TABLE II.

(Including the Abertillery, Nantyglo & Blaina Area).

Infestation with Vermin.

(1) Total number of individual examinations in the schools by the school nurses or other authorized persons	80,434
(2) Total number of individual pupils found to be infested	3,185
(3) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (2) Education Act, 1944)	—
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3) Education Act, 1944)	—

TABLE III.

Return of Defects found by Medical Inspection in the year ended 31st December, 1957.

A.—Periodic Inspections.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treat- ment (7)	Requiring Observa- tion (8)
		Requiring Treat- ment (3)	Requiring Observa- tion (4)	Requiring Treat- ment (5)	Requiring Observa- tion (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	14	78	7	53	29	158
5.	Eyes—						
	(a) Vision ...	43	133	210	173	404	496
	(b) Squint ...	57	94	11	36	84	175
	(c) Other ...	1	16	—	14	5	49
6.	Ears—						
	(a) Hearing ...	18	31	6	19	29	63
	(b) Otitis Media	32	71	3	38	52	134
	(c) Other ...	1	17	—	7	1	30
7.	Nose and Throat ...	133	462	64	144	246	746
8.	Speech	44	67	5	26	62	116
9.	Lymphatic Glands	29	208	1	14	50	265
10.	Heart	2	65	5	70	10	173
11.	Lungs	21	206	8	64	41	318
12.	Developmental—						
	(a) Hernia ...	4	11	2	5	8	21
	(b) Other ...	7	40	4	34	21	111
13.	Orthopaedic—						
	(a) Posture ...	15	42	36	99	87	198
	(b) Feet ...	61	105	15	67	115	244
	(c) Other ...	36	105	13	49	82	208
14.	Nervous System—						
	(a) Epilepsy ...	3	11	2	9	8	34
	(b) Other ...	7	35	3	12	17	61
15.	Psychological—						
	(a) Development	7	21	10	17	29	52
	(b) Stability ...	1	19	2	12	6	34
16.	Abdomen	2	21	—	—	6	29
17.	Other	9	24	8	5	20	31

Table III (continued)
B.—Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	7	13
5.	Eyes—		
	(a) Vision	42	29
	(b) Squint	23	14
	(c) Other	1	6
6.	Ears—		
	(a) Hearing	15	13
	(b) Otitis Media	10	3
	(c) Other	1	1
7.	Nose and Throat	35	38
8.	Speech	25	19
9.	Lymphatic Glands	5	12
10.	Heart	8	11
11.	Lungs	8	28
12.	Developmental—		
	(a) Hernia	1	2
	(b) Other	1	9
13.	Orthopaedic—		
	(a) Posture	7	11
	(b) Feet	10	6
	(c) Other	9	12
14.	Nervous System—		
	(a) Epilepsy	—	2
	(b) Other	1	10
15.	Psychological—		
	(a) Development	22	22
	(b) Stability	2	8
16.	Abdomen	2	1
17.	Other	1	6

**Classification of the Physical Condition of Pupils Inspected during the Year in
the Age Groups recorded in Table 1A.**

AGE GROUPS.	No. of pupils inspec- ted.	Satisfactory		Unsatisfactory	
		No.	% of col 2	No.	% of col 2
Entrants (1)	(2) 4,385	(3) 4,369	(4) 99.9	(5) 16	(6) .1
Second Age Group	2,822	2,813	99.7	9	.3
Third Age Group	2,921	2,916	99.8	5	.2
Additional Periodic Inspections	1,265	1,263	94.9	2	.1
Total	11,393	11,361	99.8	32	.2

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING SPECIAL SCHOOLS).**

Group I.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	8	7
Errors of refraction (including squint)	1,592	1,039
Total	1,600	1,046
Number of pupils for whom spectacles were prescribed	848	452

Group II.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment:—		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	798
(c) for other nose and throat conditions	—	172
Received other forms of treatment	231	133
Total	231	1,103
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In 1957	—	—
(b) in previous years	—	9

Group III.—Orthopædic and Postural Defects.

	<i>By the Authority.</i>	<i>Otherwise</i>
Number of pupils known to have been treated at clinics or out-patient departments	224	890

Group IV.—Diseases of the Skin (excluding uncleanliness, for which see Table II).

	<i>Number of cases treated or under treatment during the year by the Authority</i>
Ringworm—(i) Scalp	—
(ii) Body	—
Scabies	—
Impetigo	—
Other skin diseases	—
Total	—

Group V.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	126
--	-----

Group VI.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	326
---	-----

Group VII.—Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,889
(d) Other than (a), (b) and (c) above (specify):—	
General surgical	64
Orthoptic	341
Total (a)—(d)	2,294

(This Table includes the Abertillery, Nantyglo and Blaina Area of the Divisional Executive.)

[illegible]

Total (1) ...	38,283
---------------	--------

(2)	Number found to require treatment	...	...	...	...	...	...	...	26,573
(3)	Number offered treatment	...	...	...	...	...	...	...	22,407
(4)	Number actually treated	...	...	...	...	...	...	...	16,353
(5)	Attendances made by pupils for treatment	...	...	...	...	...	...	...	21,715

(6) Half-days devoted to :	Inspection	...	...	...	...	...	...	283
	Treatment	...	...	...	...	...	...	2,118

Total (6) ...	2,401
---------------	-------

(7) Fillings:	Permanent Teeth	...	...	...	...	...	...	...	7,707
	Temporary Teeth	...	...	...	...	...	...	...	—

Total (7) ...	7,707
---------------	-------

(8) Number of teeth filled:	Permanent	...	...	...	...	...	...	7,069
	Temporary Teeth	...	...	...	...	...	...	—

Total (8) ...	7,069
---------------	-------

[illegible]

Total (9) ...	19,434
---------------	--------

(10)	Administration of general anaesthetics for extraction	10,174
------	--	--------

(11) Orthodontics :

(a) Cases commenced during the year	...	...	...	...	...	...	246
(b) Cases carried forward from previous year	...	...	...	...	...	...	82
(c) Cases completed during the year	...	...	...	...	...	...	75
(d) Cases discontinued during the year	...	...	...	...	...	...	26
(e) Pupils treated with appliances	...	...	...	...	...	...	182
(f) Removable appliances fitted	...	...	...	...	...	...	125
(g) Fixed appliances fitted	...	...	...	...	...	...	57
(h) Total attendances	...	...	...	...	...	...	2,218

(12) Number of pupils supplied with artificial dentures ... 138

(13) Other operations :

Permanent teeth	...	...	...	...	...	...	...	—
Temporary teeth	...	...	...	...	...	...	...	—

Total (13) ... —

Abertillery and Nantyglo & Blaina Areas of the Divisional Executive.

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.*

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	...	...	...	541
Second Age Group	...	...	...	...	...	...	...	...	...	450
Third Age Group	...	...	...	...	...	...	...	...	...	419
										<hr/>
Total	...	...	...	...	...	...	...	...	...	1,410
Additional Periodic Inspections	...	...	...	...	...	...	...	...	...	48
										<hr/>
Grand Total	...	...	...	...	...	...	...	...	...	1,458
										<hr/>

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	312
Number of Re-Inspections	...	...	...	...	...	...	...	107
								<hr/>
Total	...	...	...	...	...	...	...	419
								<hr/>

C. PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin).

Group	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	5	77	82
Second Age Group	3	68	71
Third Age Group	26	13	39
Total	34	158	192
Additional Periodic Inspections	—	—	—
Grand Total	34	158	192

*See Scheme for Medical Inspection on page 1.

TABLE II.

Infestation with Vermin.
Included in Table II on page 25.

TABLE III.

Return of Defects found by Medical Inspection in the year ended 31st December, 1957.

A.—Periodic Inspections.

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treat- ment (7)	Requiring Observa- tion (8)
		Requiring Treat- ment (3)	Requiring Observa- tion (4)	Requiring Treat- ment (5)	Requiring Observa- tion (6)		
4.	Skin	6	10	1	7	21	24
5.	Eyes—						
	(a) Vision ...	5	9	26	6	34	16
	(b) Squint ...	1	7	—	—	4	7
	(c) Other ...	4	2	—	1	10	4
6.	Ears—						
	(a) Hearing ...	8	1	—	1	8	2
	(b) Otitis Media ...	—	7	—	—	—	7
	(c) Other ...	2	1	—	4	2	5
7.	Nose and Throat ...	28	93	7	2	41	122
8.	Speech	4	3	—	—	5	3
9.	Lymphatic Glands	1	24	1	1	2	25
10.	Heart	1	8	1	8	2	20
11.	Lungs	3	17	—	2	8	23
12.	Developmental—						
	(a) Hernia ...	—	1	—	—	—	2
	(b) Other ...	—	11	—	—	—	33
13.	Orthopaedic—						
	(a) Posture ...	—	3	1	1	3	4
	(b) Feet ...	18	6	—	—	46	7
	(c) Other ...	—	10	2	3	4	13
14.	Nervous System—						
	(a) Epilepsy ...	—	—	—	—	—	—
	(b) Other ...	1	6	—	—	2	6
15.	Psychological—						
	(a) Development ...	—	—	—	—	—	—
	(b) Stability ...	—	2	—	—	—	2
16.	Abdomen	—	—	—	—	—	—
17.	Other	—	1	—	—	—	1

Table III (continued).
B.—Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	51	16
5.	Eyes— (a) Vision (b) Squint (c) Other	— 6 21	— 3 4
6.	Ears— (a) Hearing (b) Otitis Media (c) Other	— 2 —	4 24 5
7.	Nose and Throat	44	21
8.	Speech	3	—
9.	Lymphatic Glands	—	—
10.	Heart	—	—
11.	Lungs	—	—
12.	Developmental— (a) Hernia (b) Other	2 3	— —
13.	Orthopaedic— (a) Posture (b) Feet (c) Other	3 34 5	— 41 —
14.	Nervous System— (a) Epilepsy (b) Other	— —	— 14
15.	Psychological— (a) Development (b) Stability	— —	6 —
16.	Abdomen	—	—
17.	Other	—	—

Classification of the Physical Condition of Pupils Inspected during the year in the Age Group recorded in Table 1A.

AGE GROUPS.	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of col 2	No.	% of col 2
Entrants (1)	(2) 541	(3) 580	(4) 70.2	(5) 161	(6) 29.8
Second Age Group	450	296	65.8	154	34.1
Third Age Group	419	375	89.5	44	10.5
Additional Periodic Inspections	48	47	98.0	1	2.0
Total	1,458	1,298	75.3	360	24.7

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

Group I.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	—	—
Errors of refraction (including squint)	344	—
Total	344	—
Number of pupils for whom spectacles were prescribed	211	—

Group II.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority.	Otherwise.
Received operative treatment:—		
(a) for diseases of the ear	—	11
(b) for adenoids and chronic tonsillitis	—	91
(c) for other nose and throat conditions	—	1
Received other forms of treatment	—	—
Total	—	93
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In 1957	—	—
(b) in previous years	—	—

Group III.—Orthopædic and Postural Defects.

	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils known to have been treated at clinics or out-patient departments	—	—

Group IV.—Diseases of the Skin (excluding uncleanliness, for which see Table II).

	<i>Number of cases treated or under treatment during the year by the Authority</i>
Ringworm—(i) Scalp	—
(ii) Body	10
Scabies	—
Impetigo	13
Other skin diseases	99
Total	122

Group V.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	Arranged centrally
--	--------------------

Group VI.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	Arranged centrally
---	--------------------

Group VII.—Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	550
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	—
(d) Other than (a), (b) and (c) above (specify)	—
Total (a)—(d)	550
Pupils treated—	

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

These details are included in the figures given in the Table on page 30.

Ebbw Vale Area of the Divisional Executive.

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.*

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	...	...	...	599
Second Age Group	...	...	...	...	...	...	...	...	...	136
Third Age Group	...	...	...	...	...	...	...	...	...	494
Total	...	...	...	...	...	...	...	...	...	1,229
Additional Periodic Inspections	...	...	...	...	...	...	...	...	...	314
Grand Total	...	...	...	...	...	...	...	...	...	1,543

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	...	262
Number of Re-Inspections	...	...	...	...	...	...	...	...	357
Total	...	...	...	...	...	...	...	...	819

C. PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin).

Group (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	5	87	91
Second Age Group	17	20	36
Third Age Group	66	169	205
Total	88	276	332
Additional Periodic Inspections	1	49	44
Grand Total	89	325	376

*See Scheme for Medical Inspection on page 1.

TABLE II.

Infestation with Vermin.

(1) Total number of individual examinations in the schools by the school nurses or other authorized persons	...	...	...	...	...	...	...	8,436
(2) Total number of individual pupils found to be infested	...	...	...	...	...	...	...	134
(3) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (2) Education Act, 1944)	...	...	...	...	...	...	...	—
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3) Education Act, 1944)	...	...	...	...	...	...	...	—

TABLE III.

Return of Defects found by Medical Inspection in the year ended 31st December, 1957.

A.—Periodic Inspections.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treat- ment (7)	Requiring Observa- tion (8)
		Requiring Treat- ment (3)	Requiring Observa- tion (4)	Requiring Treat- ment (5)	Requiring Observa- tion (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	5	4	2	6	11	11
5.	Eyes—						
	(a) Vision ...	5	16	66	17	89	34
	(b) Squint ...	8	5	3	—	14	7
	(c) Other ...	2	5	4	2	8	7
6.	Ears—						
	(a) Hearing ...	1	1	2	5	5	7
	(b) Otitis Media ...	4	7	5	3	9	11
	(c) Other ...	1	—	—	2	2	2
7.	Nose and Throat ...	11	56	14	25	41	105
8.	Speech	2	7	3	1	8	8
9.	Lymphatic Glands	—	11	—	2	1	13
10.	Heart	—	4	—	1	—	10
11.	Lungs	5	27	2	5	8	37
12.	Developmental—						
	(a) Hernia ...	—	3	—	1	—	7
	(b) Other ...	1	9	—	6	2	19
13.	Orthopaedic—						
	(a) Posture ...	1	4	7	2	9	7
	(b) Feet ...	3	2	4	—	8	2
	(c) Other ...	2	10	1	7	6	21
14.	Nervous System—						
	(a) Epilepsy ...	—	11	—	—	—	3
	(b) Other ...	—	2	—	1	—	3
15.	Psychological—						
	(a) Development ...	—	3	—	—	—	3
	(b) Stability ...	—	2	—	1	—	3
16.	Abdomen	1	9	—	—	11	9
17.	Other	40	7	122	2	192	12

Table III (continued).
B.—Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	8	2
5.	Eyes—		
	(a) Vision	45	5
	(b) Squint	23	1
	(c) Other	9	4
6.	Ears—		
	(a) Hearing	9	1
	(b) Otitis Media	2	1
	(c) Other	3	1
7.	Nose and Throat	19	4
8.	Speech	14	4
9.	Lymphatic Glands	—	—
10.	Heart	—	1
11.	Lungs	5	7
12.	Developmental—		
	(a) Hernia	—	—
	(b) Other	1	4
13.	Orthopaedic—		
	(a) Posture	7	2
	(b) Feet	6	—
	(c) Other	8	4
14.	Nervous System—		
	(a) Epilepsy	1	2
	(b) Other	2	7
15.	Psychological—		
	(a) Development	—	2
	(b) Stability	—	1
16.	Abdomen	—	—
17.	Other	21	8

Classification of the Physical Condition of Pupils Inspected during the year in the Age Groups recorded in Table 1A.

AGE GROUPS.	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of col 2	No.	% of col 2
Entrants (1)	(2) 599	(3) 588	(4) 98.1	(5) 11	(6) 1.9
Second Age Group	136	136	100.0	—	—
Third Age Group	494	478	96.2	16	3.8
Additional Periodic Inspections	314	314	100.0	—	—
Total	1,543	1,516	98.1	27	1.9

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

Group I.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of refraction (including squint)	360	—
Total	360	—
Number of pupils for whom spectacles were prescribed	202	—

Group II.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment:—		
(a) for diseases of the ear	—	3
(b) for adenoids and chronic tonsillitis	—	47
(c) for other nose and throat conditions	—	8
Received other forms of treatment	2	58
Total	2	116
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) in 1956	—	—
(b) in previous years	—	—

Group III.—Orthopædic and Postural Defects.

	<i>By the Authority.</i>	<i>Otherwise.</i>
Number of pupils known to have been treated at clinics or out-patient departments	—	162

Group IV.—Diseases of the Skin (excluding uncleanness, for which see Table III).

	<i>Number of cases treated or under treatment during the year by the Authority</i>
Ringworm—(i) Scalp	—
(ii) Body	—
Scabies	—
Impetigo	1
Other skin diseases	1
Total	2

Group V.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	Arranged centrally
--	--------------------

Group VI.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	Arranged centrally
---	--------------------

Group VII.—Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	14
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	—
(d) Other than (a), (b) and (c) above (specify)	—
Total (a)—(d)	14

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers—									
(a) Periodic age groups	...	...	...	...	...	...	...	...	2,685
(b) Specials	...	...	...	...	...	...	...	...	493
Total (1)									3,178
<hr/>									
(2) Number found to require treatment	...	...	...	...	...	...	...	...	1,955
(3) Number offered treatment	...	...	...	...	...	...	...	...	1,913
(4) Number actually treated	...	...	...	...	...	...	...	...	1,279
(5) Attendances made by pupils for treatment	...	...	...	...	...	...	...	...	1,359
<hr/>									
(6) Half-days devoted to: Inspection	...	...	...	...	...	...	...	...	16
Treatment	...	...	...	...	...	...	...	...	164
Total (6)									180
<hr/>									
(7) Fillings: Permanent Teeth	...	...	...	...	...	...	...	...	251
Temporary Teeth	...	...	...	...	...	...	...	...	—
Total (7)									251
<hr/>									
(8) Number of teeth filled: Permanent Teeth	...	...	...	...	...	...	...	...	232
Temporary Teeth	...	...	...	...	...	...	...	...	—
Total (8)									232
<hr/>									
(9) Extractions: Permanent Teeth	...	...	...	...	...	...	...	...	1,059
Temporary Teeth	...	...	...	...	...	...	...	...	1,709
Total (9)									2,768
<hr/>									
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	...	...	...	1,085
<hr/>									
(11) Orthodontics:									
(a) Cases commenced during the year	...	...	...	...	...	...	...	...	15
(b) Cases carried forward from previous year	...	...	...	...	...	...	...	...	6
(c) Cases completed during the year	...	...	...	...	...	...	...	...	8
(d) Cases discontinued during the year	...	...	...	...	...	...	...	...	7
(e) Pupils treated with appliances	...	...	...	...	...	...	...	...	21
(f) Removable appliances fitted	...	...	...	...	...	...	...	...	15
(g) Fixed appliances fitted	...	...	...	...	...	...	...	...	—
Total (11)									72

(12) Number of pupils supplied with artificial dentures	..	...	...	...	...	...	12
							<hr/>
(13) Other operations: Permanent teeth	...	...	...	...	...	...	17
Temporary teeth	...	...	...	...	...	...	<hr/>
							<hr/>
						Total (13) ...	17
							<hr/>

As previously reported the Education Act of 1944 directs that free medical treatment shall be provided for all pupils in attendance at Schools and County Colleges maintained by the Authority, whilst under the National Health Service Act of 1946 the free services of a family doctor are available to every child. All this has resulted in a very comprehensive scheme of medical attention for all school children and the valuable co-operation of general practitioners, consultant specialists and hospital staffs with your own medical, dental, nursing and other ancillary staff, is deserving of high praise. The large majority of parents are also most co-operative, although there are cases in which they show indifference to their child's health. In cases like these the tact and persuasion of the school nurse is invaluable and almost always effective.

I am grateful to my clerical staff for their consistent support and for their efficient, tactful and cheerful fulfilment of their duties.

My sincere thanks are due to the Chairman and Members of the Education Committee for their un-failing co-operation and assistance, and also to the Director of Education and his staff for the help rendered to my Department during the year.

I am,

County Hall,

Your Obedient Servant,

Newport, Mon.

G. ROCYN JONES,

December, 1958.

Principal School Medical Officer